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4.401:01 CA Employees Request to Makeup Work Time

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CA EMPLOYEES REQUEST TO MAKEUP WORK TIME FORM

Before completing this form, please read Antioch University’s Hours of Work, Breaks and Attendance Policy 4.401 under the Human Resources Policies in Antioch University’s Repository and Archive (AURA). http://aura.antioch.edu/policies_400_4x/23/

Employee Name _____ Department _____

I am requesting time off as a result of a personal obligation on:

Day of the week _____ Date _____
From the hours of _____ a.m. _____ p.m.
to _____ a.m . _____ p.m.

I will make up the time within the same workweek as follows: *(Fill in the dates and hours you plan to work to make up the missed time.)* **Employees may not work more than 11 hours in a day or 40 hours in a workweek as a result of making up time that was or will be lost due to a personal obligation.**

I understand that:

1. Any makeup time I work will NOT be paid at an overtime rate;
2. A separate written request is required for each occasion that I request makeup time;
3. My makeup time request must be approved in writing before I take the requested time off or work makeup time;
4. If I take time off and am unable to work the scheduled makeup time for any reason, the hours missed will normally be unpaid;
5. If I work makeup time before the time I plan to take off, I must take that time off, even if I no longer need the time off for any reason;
6. Antioch University does not encourage, discourage, or solicit the use of makeup time.

Employee Signature _____ Date Submitted _____

THIS SECTION FOR EMPLOYER USE ONLY

Check One:

Your makeup time request has been approved and submitted.

You may take the time off requested, but must work the following makeup time hours rather than those submitted in your request:

Your makeup time request has been denied.

Supervisor Signature _____ Date _____

Printed Name _____ Title _____